

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32904**  
**8608**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		<b>2219</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3313 Delmar Blvd.</b>				d. STREET ADDRESS (If rural, give location) <b>3313 Delmar Blvd.</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lula</b>		b. (Middle) <b>Owens</b>		c. (Last) <b>Edwards</b>					
4. DATE OF DEATH		(Month) <b>9</b>		(Day) <b>11</b>		(Year) <b>1952</b>					
5. SEX <b>3</b> <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Dec 2, 1885</b>					
9. AGE (In years last birthday) <b>66</b>		10. MONTHS <b>9</b>		11. DAYS <b>9</b>		12. IF UNDER 1 YEAR: Hours <b>9</b> Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>				10b. KIND OF BUSINESS OR INDUSTRY _____							
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Paul, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Baptist Hayden</b>				13b. MOTHER'S MAIDEN NAME <b>unknown</b>							
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____							
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <b>Helen Taylor</b> - ADDRESS <b>3313 Delmar</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Renal Vascular Disease</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>			
19a. DATE OF OPERATION <b>none</b>				19b. MAJOR FINDINGS OF OPERATION <b>none</b>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE _____ (Specify) _____							
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21f. HOW DID INJURY OCCUR? <b>442X</b>				22. I hereby certify that I attended the deceased from <b>8-31</b> , 19 <b>52</b> , to <b>Sept 11</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Sept 11</b> , 19 <b>52</b> , and that death occurred at <b>11:30</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. A. A. ...</b> (Degree or title) _____				23b. ADDRESS <b>828 N. ...</b>							
23c. DATE SIGNED <b>9-12-52</b>				24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Motor</b>							
24b. DATE <b>9/15/52</b>				24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Cemetery</b>							
24d. LOCATION (City, town, or county) <b>St. Paul Missouri</b>				(State) _____							
DATE REC'D BY LOCAL REG. <b>SEP 15 1952</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkins Bros. Und. Co.</b> ADDRESS <b>3644 Finney</b>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*John K. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4223 Knight Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.